



MIAMI BEACH

Building Department

1700 Convention Center Drive, 2nd Floor

Miami Beach, Florida 33139

Office: 305.673.7610 Fax: 305.673.7857

<http://www.miamibeachfl.gov/building/>

Office Use Only

Submittal Date: _____

Permit Number: _____

Permit Application

Applicant Information (Blue or Black Ink Only)

Property Address		Unit Number	Parcel/Folio Number
If sub-permit or revision, please indicate the Master Permit Number		If associated with violation, indicate BV#	Please note that outstanding expired permits must be resolved prior to the issuance of a work permit
Permit Type (select one) <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit <input type="checkbox"/> Demolition <input type="checkbox"/> Generator <input type="checkbox"/> Special Event <input type="checkbox"/> Fire		Permit Request (select all that apply) <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Use <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project	
		Property Information (select one) <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex Total Value of Work \$	
		New Construction/Addition Square Footage _____ SF Value of Work \$ _____ <input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall) <input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar) <input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall) <input type="checkbox"/> B – Business <input type="checkbox"/> D/E -Daycare & Educational <input type="checkbox"/> I-1 Institutional (Ambulatory) <input type="checkbox"/> I-2 Institutional (Non Ambulatory)	
		Alteration/Reconfiguration of Space Square Footage _____ SF Value of Work \$ _____ <input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes) <input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person) <input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage) <input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage) <input type="checkbox"/> S-2 Storage (Parking Garage)	

Description of Work

Provide a summary of work to be done.

Responsible Parties

Property Owner		Contractor	
Name		Name	
Address	Suite	Address	Suite
City	State Zip Code	City	State Zip Code
Driver's License/ State Identification Number		State Identification Number/License	
E-Mail Address		E-Mail Address	
Daytime phone Cell Phone		Daytime phone Cell Phone	
Architect		Structural Engineer	
Name		Name	
Address	Suite	Address	Suite
City	State Zip Code	City	State Zip Code
Professional License Number		Driver's License/ State Identification Number	
E-Mail Address		E-Mail Address	
Daytime phone Cell Phone		Daytime phone Cell Phone	

Notice & Certification

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a **separate permit** must be secured for **Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners**, etc.

Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.

Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the abovementioned work and to hire above captioned contractor.

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs; Water & Sewer Department; Department of Environmental Protection; South Florida Water Management District; Miami-Dade County Impact Fee water management districts; state agencies; and/or federal agencies.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

- ☐ **Owner/Lessee for new permits** (Documentation establishing ownership may be requested)
☐ **Master Permit Contractor of Record** (For sub-permit change of contractor)

Print Name

Signature

STATE OF FLORIDA , COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____, 20____, by _____

☐ Personally

☐ Produced Identification – Type of Identification _____

Signature of Notary Public

(SEAL)

- ☐ **Contractor** (Proof of licensure may be required if not on file)

Print Qualifier's Name

Qualifier's Signature

STATE OF FLORIDA , COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____, 20____, by _____

☐ Personally

☐ Produced Identification – Type of Identification _____

Signature of Notary Public

(SEAL)

Our Mission

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

Form Name	Permit Application
Form Purpose	This form is completed if an owner or developer would like to request a permit for a construction or rehabilitation project within the City of Miami Beach.
Related Forms	Please see Document Submission Checklist on page 4
Associated Fees	<ol style="list-style-type: none">1. Upfront Processing Fee2. Permit Fees, as applicable
Additional Info	Payments can be made at following locations: <ul style="list-style-type: none">• Kiosk located in Building Department lobby, 2nd Floor City Hall• Cashier's window, 1st Floor City Hall• Online at https://www.velocityhall.com/accela/velocityhall/• Permit Counter, 2nd Floor, Miami Beach City Hall
Form Process	<ol style="list-style-type: none">1. Permit Application and project plans submitted with upfront fee.2. Plan Review Process is performed by the City, if applicable.3. Payment of permit fees assessed.4. Permit is issued.
For Progress Status	You can check on this application's status in the City's system via: https://www.velocityhall.com/accela/velocityhall/
For Assistance	Please contact: <ul style="list-style-type: none">• In – person: Building Department, Miami Beach City Hall, 2nd Floor 1700 Convention Center Drive, Miami Beach, Florida 33139• Via Telephone: 305-673-7610• Via E-mail: buildingdepartment@miamibeachfl.gov• Online: www.miamibeachfl.gov

ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305.604.2489 (voice), 305.673.7524 (fax) or 305.673.7218 (TTY) five (5) days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).

Our Mission

The Building Department is dedicated to serving the public by the efficient and effective supervision of construction activities to safeguard the public health, safety and general welfare of the City's residents and visitors by assuring compliance with the Florida Building Code

Document Submission Checklist	Plans Checklist
<input type="checkbox"/> Two (2) sets of plans for Review <input type="checkbox"/> Completed Permit Application <input type="checkbox"/> Two (2) Surveys of Property <input type="checkbox"/> Two (2) Elevation Certificates <input type="checkbox"/> Asbestos Report <input type="checkbox"/> Two (2) Energy Calculation Forms <input type="checkbox"/> Two (2) Heating and Cooling Load Calculation Forms <input type="checkbox"/> Owner/Qualifier/Contractor Estimate Construction Cost Affidavit <input type="checkbox"/> Recorded Warranty Deed <input type="checkbox"/> Corporation Documentation/Articles of Incorporation <input type="checkbox"/> Original Power of Attorney <input type="checkbox"/> Original Authorization Letter from Owner to Agent <input type="checkbox"/> Original Authorization Letter from Condominium Association <input type="checkbox"/> Contractor's State or Municipal License <input type="checkbox"/> Contractor's Business Tax Receipt <input type="checkbox"/> Contractor's Municipal Contractor Business Tax Receipt <input type="checkbox"/> Contractor's Local Business Tax Receipt <input type="checkbox"/> Contractor's Liability Insurance <input type="checkbox"/> Contractor's Workman's Compensation Insurance <input type="checkbox"/> Contractor's Workman's Compensation Insurance Exemption <input type="checkbox"/> Owner/Builder Affidavit <input type="checkbox"/> Change of Contractor Hold Harmless <input type="checkbox"/> Roofing Appendix Sections A,B,C,D,E as applicable <input type="checkbox"/> Soil Density Letter <input type="checkbox"/> Soundproofing specifications (Multifamily building for unit above first floor) <input type="checkbox"/> Special Inspector Form (pilings, lightweight insulating concrete, soil compaction, precast units and attachments, steel bolted and welded connections, truss spans over 35 ft long or over 6 ft high) <input type="checkbox"/> Swimming Pool Safety Act Form <input type="checkbox"/> Temporary Electrical Service for Testing Hold Harmless Form <input type="checkbox"/> Trade-specific Fee Sheets <input type="checkbox"/> LEED Certification Registration (if applicable) <input type="checkbox"/> Paint color sample <input type="checkbox"/> Photographs of existing conditions <input type="checkbox"/> FPL Disconnection Letter <input type="checkbox"/> People/TECO Gas Disconnection Letter <input type="checkbox"/> Telephone Company Disconnection Letter <input type="checkbox"/> Other (Please Specify): _____ <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Civil drawings <input type="checkbox"/> Site Plan <input type="checkbox"/> Elevation drawings <input type="checkbox"/> Demolition plans <input type="checkbox"/> Proposed floor plans <input type="checkbox"/> Electrical plans <input type="checkbox"/> Fire alarm plans <input type="checkbox"/> Fire protection plans <input type="checkbox"/> Irrigation plans <input type="checkbox"/> Landscape plans <input type="checkbox"/> Life safety plans <input type="checkbox"/> Mechanical plans <input type="checkbox"/> Plumbing plans <input type="checkbox"/> Structural plans and calculations <input type="checkbox"/> Miami Dade County Product Control Notice of Acceptance (windows, doors, waterproofing, truss connectors, equipment stands) <input type="checkbox"/> Miami Dade County Impact Fee Stamp <input type="checkbox"/> Miami Dade County DERM Approval <input type="checkbox"/> State of Florida Division of Hotels and Restaurants Approval